

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026007

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 423

VS 300
Rev. 4/59

0109
0700
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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u>		Length of stay in lb <u>1 day</u>	
c. FULL NAME OF (If not in hospital, give location) <u>University of Missouri Medical Center</u>		d. STREET ADDRESS (If outside, give location) <u>New Florence</u>	
3. NAME OF DECEASED (Type or print) First <u>Lewis</u> Middle <u>Junior</u> Last <u>Connor</u>		4. DATE OF DEATH Month <u>July</u> Day <u>28</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-22-22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clay Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>High Hill, Mo.</u>	
13a. FATHER'S NAME <u>Lewis Connor</u>		13b. MOTHER'S MAIDEN NAME <u>Collier</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>Medical Records/Univ. of Mo. Medical Center</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>RESPIRATORY ARREST</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>MASSIVE SUBDURAL HEMATOMA</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:45</u> a.m. p.m. Month, Day, Year <u>7-28-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>High Hill, Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>High Hill, Mo.</u>	
21. I attended the deceased from <u>7-28-62</u> to <u>7-28-62</u> and last saw her/him alive on <u>7-28-62</u> . Death occurred at <u>9:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Michael R. Richmond MD</u>		22b. ADDRESS <u>University Medical Center</u>	
22c. DATE SIGNED <u>7-29-62</u>		23a. BURIAL, CREMATION, REMQVAL (Specify) <u>Burial</u>	
23b. DATE <u>8-1-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>High Hill Carr</u>	
23d. LOCATION (City, town, or county) <u>High Hill, Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>D B Baker</u>		25. DATE RECD. BY LOCAL REG. <u>July 30 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L B Baker

Licensed Embalmer No. 3375

P. O. Address New Florence mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.